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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE		1	

	NO. OF COPIES RECEIVED	1					
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE						
	TRANSPORTER OIL						
	GAS						
	OPERATOR	1					
	PRORATION OFFICE	1					
I.	Operator	1					
	The Superior Oil (	້ ໃດຫກຂ <b>ກນ</b>					
	Address	company					
		11 1 m - 70701					
	P.O. Box 1900, Mic		10:1 (0)				
	Reason(s) for filing (Check proper box		Other (Please explain)				
	New Well	Change in Transporter of:	<u></u>				
	Recompletion	Oil X Dry Ga	is				
	Change in Ownership	Casinghead Gas Conder	nsate				
	If change of ownership give name and address of previous owner						
	and address of previous owner						
11	DESCRIPTION OF WELL AND	TEASE					
41.	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.			
	State "N"	1 North Vacuur	State, Federa				
	Location State N	1 Not the vacuum	RI-ADO	L-2945			
	· ·		1000				
	Unit Letter F; 1780	D Feet From The North Lin	ne and 1980 Feet From	The West			
	Line of Section 10 Tox	wnship 17-S Range 34	4-E , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)			
	Mobil Pipeline		P.O. Box 900, Dalla	s. Texas 75221			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro				
	Unknown	,	, , , , , , , , , , , , , , , , , , , ,	, and			
	Officiowii	1	To an analysis of the state of				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh				
	give location of tanks.	F 10 17-S 34-E	No U	Jnknown at present			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	that from any other today or pros,					
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.			
	Designate Type of Completion	on - (X)	x				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	1-20-72	2-25-72	8910'	8876'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	1	1	1				
	RKB 4073, GR: 4061	Abo	8702'	8557'			
	Perforations			Depth Casing Shoe			
	8702-8704', 8	8702-8704', 8712-8715' & 8740-8750' 8910'					
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	15"	11-3/4"	250'	350 Circulated			
	11"	8-5/8"	3082'	1000 T. cmt @ 600'			
	7-7/8"	5-1/2"	8910'	1250 T. cmt @ 3200'			
	7 170		' W/Baker Model "R" @ 84				
			• • • • • • • • • • • • • • • • • • • •				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or he for full 24 hours)						
	OIL WELL	OII. WELL  able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test		,.,			
	2-24-72	2-27-72	Swab				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	8 hours						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
	138	130	8	245 Estimate			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
		<u>.</u>					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Testing Mathod (proof allow pro)		,				
		<u> </u>	1				
VI.	CERTIFICATE OF COMPLIANCE	○ <b>E</b>	11	ATION COMMISSION			
		•	Apb 1	7 <b>1972</b> .			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED 17 1972. 19					
		vith and that the information given	11				
	above is true and complete to the	best of my knowledge and belief.					
		<b>!</b>	Dist.	. Ι, δ <b>υ</b> ρν.			
	,	!					
	O(1/4)		This form is to be filed in compliance with RULE 1104.				
O.V. Sivage (Signature)		O.V. Sivage	If this is a request for allowable for a newly drilled or deepened				
		iture)	well, this form must be accompa tests taken on the well in accor	nied by a tabulation of the deviation			
	Production Engineer		*1	est be filled out completely for allow-			
			All sections of this form mu	,			

(Title)

(Date)

April 11, 1972

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply